

## INVENTOR INFORMATION

Inventor One Given Name:: Mark  
Family Name:: LEUNG  
Postal Address Line One:: 1153 Queen Street West, Unit 208  
Postal Address Line Two::  
City:: Toronto  
State or Province:: Ontario  
Country:: Canada  
Postal or Zip Code:: M6J 1J4  
City of Residence:: Toronto  
State or Province of Residence:: Ontario  
Country of Residence:: Canada  
Citizenship Country:: Canadian

Inventor Two Given Name:: Kris  
Family Name:: SHAH  
Postal Address Line One:: 5102 Durie Road  
City:: Mississauga  
State or Province:: Ontario  
Country:: Canada  
Postal or Zip Code:: L5M 2C7  
City of Residence:: Mississauga  
State or Province of Residence:: Ontario  
Country of Residence:: Canada  
Citizenship Country:: Canadian

Inventor Three Given Name:: Frank  
Family Name:: BAYLIS  
Postal Address Line One:: 358 Robin Avenue  
Postal Address Line Two::  
City:: Beaconsfield  
State or Province:: Quebec  
Country:: Canada  
Postal or Zip Code:: H9W 1R8  
City of Residence:: Beaconsfield  
State or Province of Residence:: Quebec  
Country of Residence:: Canada  
Citizenship Country:: Canadian

## CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 020988  
Fax One:: (416) 216-3930

## APPLICATION INFORMATION

Title Line One:: INTRADISCAL LESIONING DEVICE  
Title Line Two::  
Title Line Three::

Total Drawing Sheets:: 8  
Formal Drawings?: N  
Application Type:: Utility  
Docket Number:: 12361-8US

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